

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Akeel Abdul Jamiel

Write the full name of each plaintiff.

-against-

Deputy J. Fries
Deputy M. Washburn
Deputy Pugh
Captain Smith

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

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SDNY CLERK'S OFFICE

2017 SEP 20 PM 3:30

17CV7172

COMPLAINT

(Prisoner)

Do you want a jury trial?

☒ Yes ☐ No

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☒ Other: Security breach, Risk of injury or death.

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

AKeel

First Name

Abdul

Middle Initial

Jamiel

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

17 - 0384

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Sullivan County Jail

Current Place of Detention

4 Bushnell Ave

Institutional Address

Sullivan, Monticello, N.Y.

County, City

State

12701

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:	J.	Fries	459
	First Name	Last Name	Shield #
	Deputy		
	Current Job Title (or other identifying information)		
	Sullivan Cty. Jail, 4 Bushnell Ave.		
	Current Work Address		
	Sullivan, Monticello, N.Y.		12701
	County, City	State	Zip Code
Defendant 2:	M.	Washburn	UNKNOWN
	First Name	Last Name	Shield #
	Deputy		
	Current Job Title (or other identifying information)		
	Current Work Address "SAME AS ABOVE"		
	County, City	State	Zip Code
Defendant 3:	Pugh		UNKNOWN
	First Name	Last Name	Shield #
	Deputy		
	Current Job Title (or other identifying information)		
	Current Work Address "SAME AS ABOVE"		
	County, City	State	Zip Code
Defendant 4:	Smith		UNKNOWN
	First Name	Last Name	Shield #
	Captain		
	Current Job Title (or other identifying information)		
	Current Work Address "SAME AS ABOVE"		
	County, City	State	Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: Sullivan County Jail, Monticello, N.Y.

Date(s) of occurrence: July 14th, 2017 & September 1st, 2017.

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary. (Exhibits marked "EA thru EG"!!)

"Please see all attached Inmate Misbehavior Reports & Inmate Grievance Forms! ON 2 different above dates, I was "purposely" put into jeopardy & my life & well being was at risk as the 4 defendants, whom are Sullivan County Jail, Deputies & the Captain of the jail, deprived me of my safety while being escorted to "Jumha Services" & from Outdoor Recreation, as I was "not protected" as a result of a major security breach, regarding my movement & housing classification, in the Sullivan County Jail. On both dates, I was assaulted by inmate "Keith Jackson", S.C.J. # 17-0521, & retained injuries as the result of the negligence of all 4 defendants. On 7/14/17, Deputy "Frier", failed to obtain a document known as the "Fight Risk Sheet" that would of disclosed that I & Keith Jackson had been a risk of a fight, due to our open criminal case, that is pending, in Sullivan County. As a result, Deputy "Frier" "Failed" to properly & effectively protect me & secure "Keith Jackson" & to inform

other Deputies of my movements & while entering the male mods for "Jumha Services", I was viciously attacked & beaten by Inmate Jackson. Same "Exact" situation occurred on 9/1/17, while being escorted with a group of inmates from the Rec yard, with Deputy Washburn & Deputy Pugh! They both "Failed" to obtain the copy of the "Fight Risk Sheet", from Captain Smith, to "once again" secure my movement & to "lock-in Keith Jackson", in which "Jackson" attacked me again! The "4" defendants, purposely put my life & well being in danger!

INJURIES:
If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I recieved multiple concussions, scratches & bruises, from Keith Jackson, as the result of negligence on & of all "4 defendants"! I now have scars & permanent mental damage due to what happened to me, in the care of the 4 defendants! I now have permanent damage of anxiety & depression as well.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

Due to the negligence of all "4 defendants" & the Security breach's & Sullivan Counties Jail's unprofessional misconduct, I request the sum of monetary damages of \$ 75,000,000.00 (Seventy-Five Million Dollars), of pain & suffering & punitive & mental damages. I request to be assigned "Pro Bono" Counsel & the grant of a "12 Panel - Jury Trial". I request of a full investigation of my complaint against all 4 defendants. They neglected me because I am a Muslim. My Civil Rights were Violated!

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

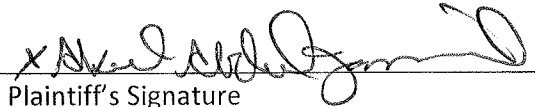
By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

9/12/17
 Dated _____

 Plaintiff's Signature _____
Akeel Abdul Jamiel
 First Name Middle Initial Last Name
Sullivan County Jail, 4 Bushnell Ave.
 Prison Address _____
Sullivan, Monticello, N.Y. 12701
 County, City State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing:

9/15/17

(Rev. 4/03/2017)



SULLIVAN COUNTY JAIL

IF QUESTION IS NOT APPLICABLE, PLEASE INDICATE BY N/A

☒ INCIDENT/MISBEHAVIOR (INMATE RECEIVES COPY) ☐ ADVISORY/INFORMATIONAL

INMATE/PERSON INVOLVED: Jamil, Akeel SCJ# 17-0384LOCATION OF EVENT Male Modular Unit DATE: 7/14/17 TIME: 1344

VIOLATION NUMBER AND DESCRIPTION: (ONLY (3) FACILITY CHARGES PER REPORT)

106.10 INMATES SHALL NOT DISOBEY A Direct order.100.13 INMATES SHALL NOT engage in FightingDATE/TIME OF REPORT: 7/14/17 @ 1505

NARRATIVE ON the ABOVE DATE AND time this officer WAS
working, transport. THIS officer transported
SEVERAL INMATES to the MALE MODULAR UNIT/CLASSROOM
(WHICH INCLUDED INMATE Jamil, Akeel 17-0384) for
SUMMA SERVICES. WHILE waiting with the INMATES
(INCLUDING INMATE Jamil) for the Door to the class
Room to be unlocked By the Block

LIST ALL WITNESSES INCLUDE SCJ# OR TITLE IF CORRECTIONAL STAFF

Dep FANCHER Dep Couter Cpl CALAUGHER
Dep DOWE Dep NOBLE Dep WAGNER Jr.

ACTION TAKEN: YES: ☒ NO: ☐ DESCRIBE: CODE 7" CALLED INMATES SEPARATED,
TAKEN TO MEDICAL By Dep NOBLE AND Dep
WAGNER Jr. Report WR: HEN

INMATE PLACED IN CONFINEMENT: YES: ☒ NO: ☐ DATE: 7/14/17 LOCATION: CR2 # 11MEDICAL BEEN NOTIFIED? YES: ☒ NO: ☐ MEDICAL RECEIVE COPY OF REPORT? YES: ☒ NO: ☐NAME OF MEDICAL STAFF NOTIFIED: RN GANDULLA DATE / TIME: 7/14/17 @ 1351INMATE RECEIVED A COPY OF THIS REPORT YES: ☒ NO: ☐ OFFICERS INITIALS: [Signature]HEARING TO BE HELD ON OR BEFORE THE FOLLOWING DATE: August 3, 2017SIGN & PRINT NAME/TITLE: James J. Frees Deputy, 459 DATE: 7/14/17

THE FOLLOWING TO BE FILLED OUT BY REVIEWING SUPERVISOR(S)

UNIT SUPERVISOR NAME/TITLE: Cpl Wilcox DATE: 7/15/17TOUR SUPERVISOR NAME/TITLE: Det B. Vanell DATE: 7/15/17IS THIS A REPORTABLE INCIDENT? YES ☐ NO ☒ IF YES, DATE COMPLETED: 7/15/17WAS OC SPRAY USED? YES ☐ NO ☒ IF YES, COMPLETE "CHEMICAL AGENT USE REPORT"

CB2



EB

SULLIVAN COUNTY JAIL
INCIDENT/MISBEHAVIOR REPORT
(SUPPLEMENTAL)
PAGE 2 OF 2

NAME OF INMATE: Jamil Akeel SCJ# 17-0384DATE OF INCIDENT 7-14-17 TIME OF INCIDENT: 1344LOCATION OF INCIDENT: Male Molds HOUSING LOCATION: C-Block R3#11

DESCRIPTION OF INCIDENT/MISBEHAVIOR (CONTINUED): Officer, inmate
Jackson, Keith 170521 did come running out of
M' and did engage in a fight with inmate Jamil
hitting him in the face. Inmate Jackson was
given several direct orders to stop. Inmate
Jackson did not comply and was removed by
Dep Noble. At this time inmate Jamil then
did run after inmate Jackson, inmate Jamil
was given several direct orders to stop and
get on the wall. Inmate Jamil did not comply.
Inmate Jamil was stopped and placed in handcuffs
restraints, using minimal force necessary
by this officer and Dep Fancher and Dep Dore.
Inmate Jamil was immediately escorted
to the medical unit @ 1351 by Dep Noble and
Dep Wagner Jr.

REPORTED BY: J. Fries 459TITLE DeputySIGNATURE: [Signature] 459DATE: 7/14/17



SULLIVAN COUNTY JAIL

IF QUESTION IS NOT APPLICABLE, PLEASE INDICATE BY N/A



INCIDENT/MISBEHAVIOR (INMATE RECEIVES COPY)

ADVISORY/INFORMATIONAL

INMATE/PERSON INVOLVED: Jamil, Akeel

SCJ# 17-0384

LOCATION OF EVENT Meds hallway

DATE: 9-1-17

TIME: 11:20 am

VIOLATION NUMBER AND DESCRIPTION: (ONLY (3) FACILITY CHARGES PER REPORT) 100.10

Inmates shall not assault, inflict or attempt to inflict bodily harm upon any other inmate.

DATE/TIME OF REPORT: 9-1-17 / 11:45 am

NARRATIVE: On the above date and time while working the rec post, this writer was returning inmate Jamil to the Meds. Inmate Jackson, Keith ran past this writer and began assaulting inmate Jamil. Inmate Jamil started to return punches with inmate Jackson. This writer did remove inmate Jamil from the situation while Deputy Pugh removed Jackson from the situation.

LIST ALL WITNESSES INCLUDE SCJ# OR TITLE IF CORRECTIONAL STAFF

Dep Pugh

Dep Wagner

Dep Stout

Dep Alonso

ACTION TAKEN: YES: ☒ NO: ☐

DESCRIBE:

This report written. Inmate Jackson moved to M9 from M8

INMATE PLACED IN CONFINEMENT: YES: ☒ NO: ☐ DATE: 9-1-17 LOCATION: M9

MEDICAL BEEN NOTIFIED? YES: ☒ NO: ☐ MEDICAL RECEIVE COPY OF REPORT? YES: ☒ NO: ☐

NAME OF MEDICAL STAFF NOTIFIED: RN Davis DATE / TIME: 9/1/17 1200

INMATE RECEIVED A COPY OF THIS REPORT YES: ☒ NO: ☐ OFFICERS INITIALS: MV MN

HEARING TO BE HELD ON OR BEFORE THE FOLLOWING DATE: 9-22-17

SIGN & PRINT NAME/TITLE: M Washburn / M Washburn / Dep DATE: 9-1-17

THE FOLLOWING TO BE FILLED OUT BY REVIEWING SUPERVISOR(S)

UNIT SUPERVISOR NAME/TITLE: Cpl. Gabriel DATE: 9/1/17

TOUR SUPERVISOR NAME/TITLE: Sgt B. Hannell DATE: 9/1/17

IS THIS A REPORTABLE INCIDENT? YES ☐ NO ☒ IF YES, DATE COMPLETED: N/A

WAS OC SPRAY USED? YES ☐ NO ☒ IF YES, COMPLETE "CHEMICAL AGENT USE REPORT"



ED

SULLIVAN COUNTY JAIL
INCIDENT/MISBEHAVIOR REPORT
(SUPPLEMENTAL)

PAGE 2 OF 2NAME OF INMATE: Jamil, Akeel SCI# 17-0384DATE OF INCIDENT 9/1/17 TIME OF INCIDENT: 11:20amLOCATION OF INCIDENT: Meds hallway HOUSING LOCATION: MedsDESCRIPTION OF INCIDENT/MISBEHAVIOR (CONTINUED): Both inmates
returned to cells with no further incident.REPORTED BY: M WashburnSIGNATURE: M WashburnTITLE: DeputyDATE: 9-1-17

First Grievance

New York State Commission of Correction
Inmate Grievance Form
Form SCOC 7032-1 (11/2015)

EE

Facility: SullivanHousing Location: C-R-2Name of Inmate: Akeel JamilGrievance #: 17-155Brief Description of the Grievance (Submitted by the grievant within 5 days of occurrence)
Number of Sheets Attached ()

on Friday, July 14th, 2017, at approximately 1:40 PM, I Akeel Jamil, was being escorted by Deputy Fries to Juvenile Services from C-R-2, when I was attacked by inmate Keith Jackson when I was waiting to enter the classroom next to M-1 where Mr. Jackson is being housed. The Deputy & the staff of the Sullivan County Jail are at total Negligence, as I and Keith Jackson are listed on "fight risk sheet"

Action requested by the grievant (Submitted by the grievant within 5 days of occurrence):
Number of Additional Sheets Attached ()

prior to this incident the staff failed to protect me, as "Deputy Fries didn't and wasn't aware of the proper movement procedures, with obtaining a copy of the "fight risk sheet, prior to the movement! I request the ticket and misbehavior report to be dismissed against me, at once!

Grievant Signature: Akeel JamilDate/Time Submitted: 7/17/17 3:30 PMReceiving Staff Signature: CPL CompressoDate/Time Received: 7/17/17 1:25

Investigation Completed by: _____

Date Completed: _____

Decision of the Grievance Coordinator

Written decision shall be issued within 5 business days of receipt of grievance and shall include specific facts and reasons underlying the determination

Number of Sheets Attached ()

- ☐ Non-grievable issue as per 9 NYCRR §7032.4(h) (may not be appealed to CAO)
- ☐ Grievance Accepted
- ☐ Grievance Denied on Merits
- ☐ Grievance Denied due to submitted beyond 5 days of act or occurrence (can be appealed to CAO)
- ☐ Grievance Accepted in part/ Denied in part (Note specific Acceptance/Denial parts below)

Signature of the Grievance Coordinator: _____

Date: _____

second grievance

EF

Facility: Sullivan County Jail

Housing Location: A-block

Name of Inmate: Akeel Abdul Jamil

Grievance #: 17-220

Brief Description of the Grievance (Submitted by the grievant within 5 days of occurrence)

Number of Sheets Attached ()

ON Friday, 9-1-2017, at approximately 11:30 AM I Akeel Jamil was coming from Rec, standing in front of M-6 waiting for the c.o to come open the door, to enter my housing unit. Dep Wagner was in charge of the block, as well as another c.o. Dep Wagner opened M-8 and opened Jackson cell. Keith Jackson ran past a officer, which fail to stop him, and ended up where I'm at & began insulting me. The Dupty and the staff of Sullivan county Jail are at total negligence,

Action requested by the grievant (Submitted by the grievant within 5 days of occurrence):

Number of Additional Sheets Attached ()

AS I and Keith Jackson are listed on the fight risk sheet. prior to the movement. This is also a second grievance and second incident. I request the ticket and misbehavioral report to be dismissed against me, at once.

Grievant Signature: Akeel Abdul Jamil

Date/Time Submitted: 9-2-17 10:30 AM

Receiving Staff Signature: CPL Compuso

Date/Time Received: 9-4-17 @ 1700

Investigation Completed by: _____

Date Completed: _____

Decision of the Grievance Coordinator

Number of Sheets Attached ()

Written decision shall be issued within 5 business days of receipt of grievance and shall include specific facts and reasons underlying the determination

- ☒ Non-grievable issue as per 9 NYCRR §7032.4(h) (may not be appealed to CAO)
- ☐ Grievance Accepted
- ☐ Grievance Denied on Merits
- ☐ Grievance Denied due to submitted beyond 5 days of act or occurrence (can be appealed to CAO)
- ☐ Grievance Accepted in part/ Denied in part (Note specific Acceptance/Denial parts below)

Grievances related to disciplinary sanctions or dispositions are non grievable and will be returned to grievant. This grievant should use the hearing and appeal process.

Signature of the Grievance Coordinator: CPL. Gabriel

Date: 9/6/17

SULLIVAN COUNTY JAIL

INFORMAL GRIEVANCE FORM

EG

Date of Grievance: 9/2/17Inmate's Name: Jamil, Alceel

Facility Grievance Number: _____ (to be filled in by grievance coordinator if grievance becomes formal)

Officers' Description of Inmate Complaint:

Inmate Jamil States that the Deputy's in the Sullivan County Jail are not doing the jobs properly. He states that he keeps getting into altercations with inmate Jackson ~~he~~ when they are considered fight risk. He also states that he ~~should~~ not deserve tickets for the Deputy's mistakes.

Officer's Attempt to Resolve Complaint:

Inmate ~~was~~ Jamil was offered to sign into protective custody and refused.

☐ Accepted ☒ Not Accepted
Inmate Signature: [Signature]Officer's Signature: [Signature]Unit Supervisor's Description of Inmate Complaint:

Inmate Jamil Claims that SCT is not doing enough to keep him from getting Assaulted.

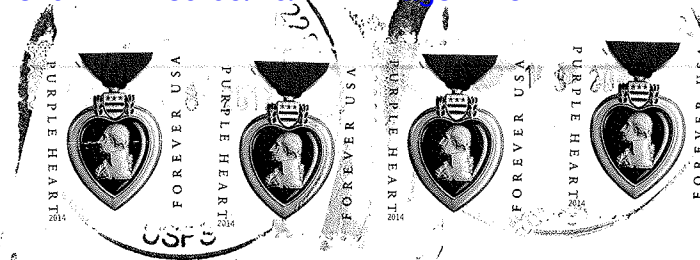
Unit Supervisor's Attempt to a Resolve Complaint:

Inmate Jamil was moved to different unit to minimize the chance of an assault with a current fight risk.

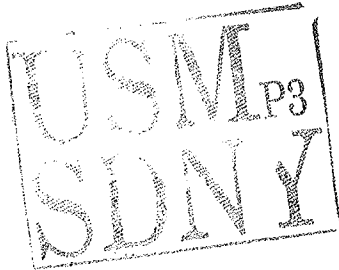
☐ Accepted ☒ Not Accepted
Inmate Signature: [Signature]Date Inmate Given Formal Grievance Form: 9/2/17Unit Supervisor's Signature: [Signature]Date Submitted to Grievance Coordinator: 9/2/17

Akeel Abdul Jamiel
4 Bushnell Ave.
Monticello, N.Y. 12701.

SULLIVAN COUNTY JAIL
4 BUSHNELL AVENUE
MONTICELLO NY 12701



10: United States District Court
Southern District of N.Y.
Pro Se Office, Room 230.
500 Pearl St.
New York, N.Y. 10007.



"Legal Mail"